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MONTHLY HEALTH REPORT

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VOL 1 NO 6

MILITARY DISTRICT OF WASHINGTON

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MONTHLY HEALTH REPORT

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HEADQUARTERS, MILITARY DISTRICT OF WASHINGTON
The Pentagon, Washington 25, D. C.

November 1948
Vol, 1 No. 6

INTRODUCTION

This publication presents periodic health data concerning personnel of the Department of the Army and Department of the Air Force personnel in the Military District of Washington. It provides factual information for measurement of increase or decrease in the frequency of disease and injury occurring at each of the posts, camps or stations shown herein.

It is published monthly by the Military District of Washington for the purpose of conveying to personnel in the field current information on the health of the various military installations in this area and on matters of administrative and technical interest.

Contributions, as well as suggested topics for discussion, are solicited from Medical Department officers in the field.

FLOYD V. KILGORE
Colonel, MC
Surgeon

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GENERAL COMMENT

For the month of October, the general health of the troops in MDW continued to be satisfactory. The current non-effective rate 13.21 is almost equal to the 13.20 for September.

Unless otherwise indicated, references to diseases and injuries in this publication apply to all Class I and II installations exclusive of Walter Reed General Hospital. Rates are calculated on the basis of a thousand mean strength per year.

In consideration of the present mode of operation of the Army Medical Department whereby Army and/or Air Force personnel may be receiving medical treatment at either type department installation, differential health statistics for Air Force and Army should be evaluated as an overall index of the medical sections of the reporting unit.

The rate of 341.7 reflects an increase in admissions for all causes for the current period over a rate of 301.6 for the previous period. A total of 639 admissions for the former is compared with 442 for the latter. All stations except Fort Belvoir showed an increase in rate for admissions for all causes during the period. A drop of over 10 points is noted in the 280.9 rate compared with the previous 291.3 rate reported by that station. The Washington Quartermaster Depot reported 1 admission which resulted in a rate of 800.0 when computed on the strength of 13 individuals. In view of the low strength figure at this unit, this rate must be viewed with tolerance.

Injury cases reported for the month totaled 91, an increase of 45 cases over the previous month. The resultant rate was 48.7 for October compared with 31.4 for September. All stations except the General Dispensary and the Washington QM Depot contributed to this overall increase. The former station reported 4 cases for the present period as compared with 7 during the last month and the Washington QM Depot dropped from 1 in September to a zero report in October.

An increase in the number of psychiatric disease admissions was reported during the period from 12 cases for the last period to 13 cases for the present. A reduced rate, however, is reported from 8.2 to 6.9 because of the greater length of the present period, 5 weeks, over 4 weeks in the September report.

No deaths were reported in Class I medical activities in the area.

COMMUNICABLE DISEASE

A total of 9 cases of pneumonia were reported during the period, 5 of which were atypical. The rate for all types was 4.8 cases per 1000 per year. No cases had been reported in September.

Incidence of influenza increased to a rate of 5.3 from the 3.4 rate last month. Ten cases were reported as compared with 5 for the previous period.

Common respiratory disease among the troops of the command took an upward turn with 148 cases and a rate of 79.1 from the 69 admissions and 47.1 rate reported for last month.

The 4 cases of hepatitis among troops of MDW were reported by Fort Belvoir with a resultant rate of 2.1.

Two cases of diarrheal disease were reported by units of the command during the period for an area rate of 1.1.

During the October report period 1 case of poliomyelitis, the first among military personnel in MDW for 1948, was reported by Fort Belvoir.

Only slight changes were evident in the incidence of measles, mumps, rheumatic fever, tuberculosis and other communicable diseases.

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Pertinent Statistical tables may be found on pages 2 and 4.

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GENERAL DATA
5 Week Period Ending 29 October 48
(Data from WD AGO Form 8-122)

STATION	MEAN STRENGTH			ADMISSIONS						Non-Effective Rate	Number of CDD'S	Number of Deaths
				All Causes		Disease		Injuries				
	Total	White	Negro	Cases	Rate	Cases	Rate	Cases	Rate			
Arlington Hall	670	670	0	28	434.6	26	403.5	2	31.1	1.11	0	0
Fort Belvoir	7,776	6,753	1,023	210	280.9	182	243.4	28	37.5	22.15	7	0
Fort McNair	836	741	95	29	360.8	21	261.3	8	99.5	3.49	0	0
Fort Myer (North Post)	1,788	1,629	159	173	1006.3	146	849.2	27	157.1	36.69	0	0
Fort Myer (South Post)	1,966	1,966	0	32	169.3	29	153.4	3	15.9	0.68	0	0
General Dispensary, USA.	5,547	5,518	29	117	219.4	113	211.9	4	7.5	2.04	0	0
Vint Hill Farms Station.	852	852	0	49	598.1	30	366.2	19	231.9	3.15	0	0
Washington QM Depot	13	13	0	1	800.0	1	800.0	0	-	2.20	0	0
Total Mil Dist of Wash	19,448	18,142	1,306	639	341.7	548	293.1	91	48.7	13.21	7	0
Army Medical Center.	2,553	2,239	314	157	639.6	142	578.5	15	61.1	479.34	92	4
Total Dept/Army Units.	22,001	20,381	1,620	796	376.3	690	326.2	106	50.1	67.30	99	1
CLASS III UNITS												
Andrews Air Force Base	3,340	3,237	103	77	239.8	65	202.4	12	37.4	3.45	0	0
Bolling Air Force Base	5,240	5,210	30	159	315.6	145	287.8	14	27.8	9.56	0	1
Washington Nat'l Airport	1,582	1,582	0	31	203.8	29	190.6	2	13.2	0.63	0	1
Total Dept/Air Force Units	10,162	10,029	133	267	273.3	239	244.6	28	28.7	6.16	0	2
Consolidated Total	32,163	30,410	1,753	1,063	343.7	929	300.4	134	43.3	47.98	99	6

ADMISSIONS, SPECIFIED DISEASES - RATE PER 1000 PER YEAR
5 Week Period Ending 29 October 1948
(Data from WD AGO Form 8-122)

STATION	Common Respiratory Disease	Pneumonia all Types	Pneumonia Atypical	Influenza	Measles	Mumps	Scarlet Fever	Tuberculosis	Rheumatic Fever	Diarrheal Disease	Hepatitis	Malaria	Psychiatric Diseases
Arlington Hall	108.6	-	-	-	-	-	-	-	-	-	-	-	-
Fort Belvoir	24.1	10.7	5.3	5.3	-	4.0	-	2.7	-	1.3	5.3	1.3	17.4
Fort McNair	124.4	-	-	-	-	-	-	-	-	12.5	-	-	-
Fort Myer (North Post)	151.2	5.8	5.8	11.6	-	-	-	-	-	-	-	5.8	-
Fort Myer (South Post)	58.2	-	-	-	-	-	-	-	-	-	-	-	-
General Dispensary, USA.	97.5	-	-	1.9	-	-	-	-	-	-	-	-	-
Vint Hill Farms.	293.0	-	-	36.6	-	-	-	-	-	-	-	-	-
Washington QM Depot.	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Mil Dist of Wash	79.1	4.8	2.7	5.3	-	2.1	-	1.1	-	1.1	2.1	1.1	6.9
Army Medical Center.	8.2	16.3	4.1	-	-	4.1	-	12.3	-	-	-	-	16.4
Total Dept/Army Units.	70.9	6.2	2.8	4.7	-	2.4	-	2.4	-	1.0	1.9	1.0	8.0
CLASS III UNITS													
Andrews Air Force Base	49.8	-	-	-	-	-	-	-	-	-	3.1	-	-
Bolling Air Force Base	13.9	-	-	7.9	-	-	-	-	2.0	7.9	7.9	2.0	23.8
Wash Nat'l Airport	65.7	-	-	-	-	-	-	-	-	-	-	-	-
Total Dept/Air Force Units	33.8	-	-	4.1	-	-	-	-	1.0	4.1	5.1	1.0	12.3
Consolidated Total	59.2	4.2	1.9	4.5	-	1.6	-	1.6	0.3	1.9	2.9	1.0	9.4

VENEREAL DISEASE: ARMY TROOPS

The number of cases of venereal disease among Department of the Army personnel in the area has continued its downward trend and the rate of 13.71 for this period is the lowest reported in the present calendar year. The lower rate is based on a total of 29 cases reported for the period and represents a 5.12 drop over the rate of 19.88* representing 33 cases for the month of September.

A breakdown of the reported total reveals that 21 cases were incurred by White troops and 8 occurred among Negro personnel. The individual White and Negro rates were 10.72 and 51.36 respectively.

Fort Belvoir again continued its commendable downward trend in VD with a total of 17 cases, for this period (10 White and 7 Negro) as compared with the previous 23 cases of which 16 were White and 7 were Negro cases.

VENEREAL DISEASE: AIR FORCE TROOPS

A continued decrease is also reported for Department of the Air Force personnel with a total of 17 cases for a 5 week period and a rate of 17.40 against 15 cases and rate of 19.03 for the previous period of 4 weeks.

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Pertinent statistical tables and charts may be found on pages 4, 5, 6, and 7

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The term "Chargeable Cases" as used in this report refers to those occurring among individuals assigned or attached to the reporting station at the time of the diagnosis.

NEW VENEREAL DISEASE CASES - EXCL EPTS - NOVEMBER AND OCTOBER**

	Rate per 1000 per year	
STATION	OCTOBER 48	SEPTEMBER 48
Arlington Hall Station	-	-
Fort Belvoir	22.74	39.65
Fort McNair	-	15.17
Fort Myer, (North Post)	11.63	8.88
Fort Myer, (South Post)	15.87	6.94
General Dispensary, USA	1.88	2.30
Vint Hill Farms Station	-	-
Washington QM Depot	-	-
Total Mil Dist Wash Units	12.30	18.42
Army Medical Center	24.44	30.89
Total Dept/Army Units, Mil Dist of Washington	13.71	19.88
CLASS III UNITS		
Andrews Air Force Base	6.23	22.22
Bolling Air Force Base	25.80	22.68
Washington Nat'l Airport	13.15	-
Total Class III Units	17.40	19.03
CONSOLIDATED TOTAL	14.87	19.61

* Correction in rate (18.42) appearing in MDW, MHB Volume No. 5 October 1948.

** Includes all cases reported on Statistical Health Reports WD AGO Form 8-122.

CHART 1

ADMISSION RATES BY MONTH, ALL CAUSES, COMMON RESPIRATORY DISEASE AND INJURIES

MDW RATES PER 1000 TROOPS PER YEAR

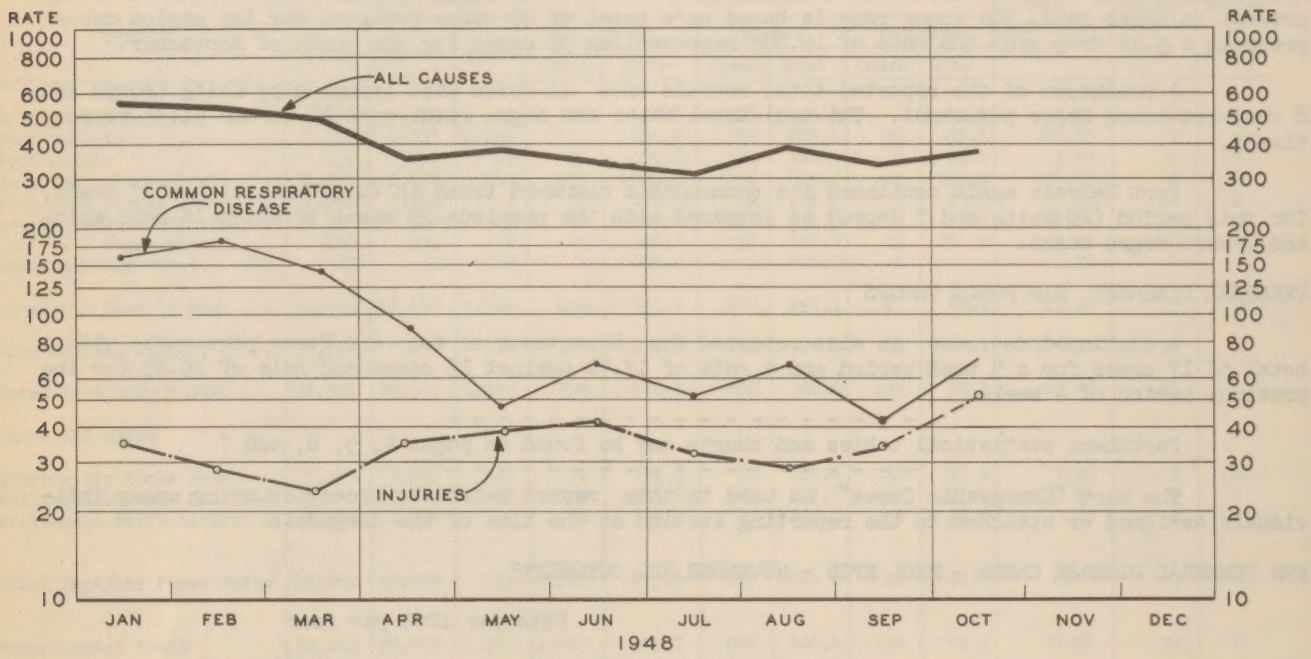
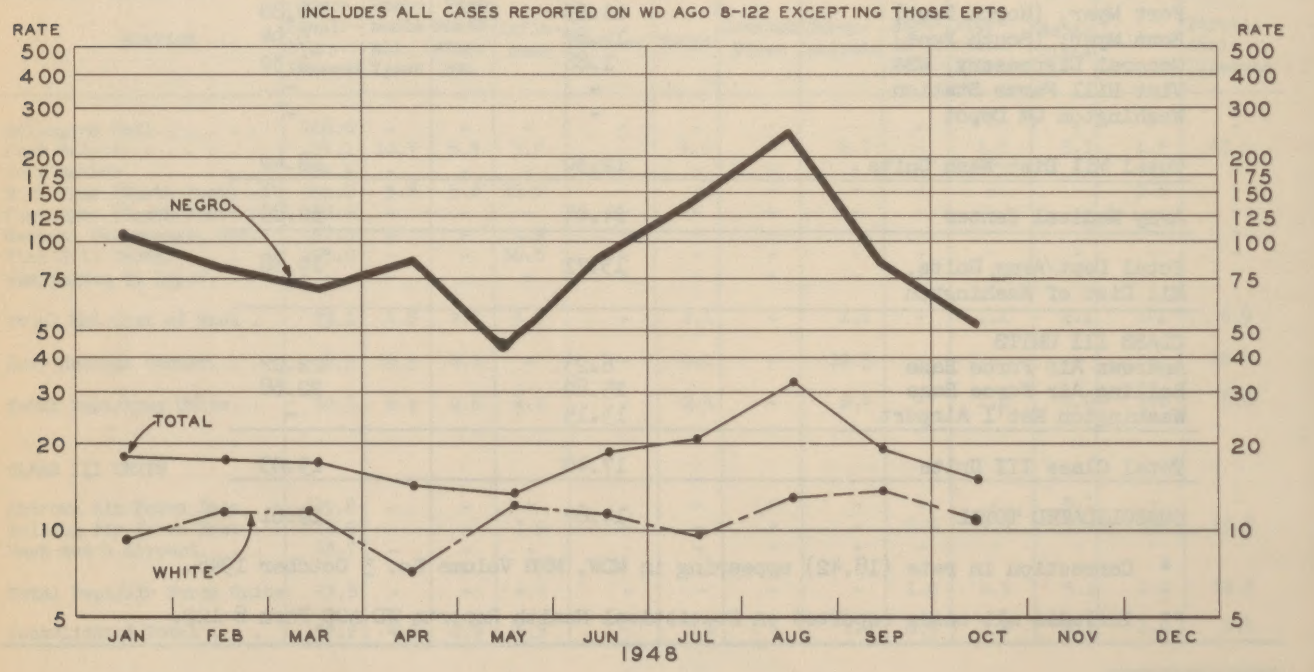


CHART 2

ADMISSION RATES BY MONTH, VENEREAL DISEASES, MIL. DIST. OF WASH. 1948

RATES PER 1000 TROOPS PER YEAR

INCLUDES ALL CASES REPORTED ON WD AGO 8-122 EXCEPTING THOSE EPTS



CONSOLIDATED MONTHLY VENEREAL DISEASE STATISTICAL REPORT
For the Five Week Period Ending 29 October 1948
(Data from WD AGO 8-122)(Chargeable Cases)

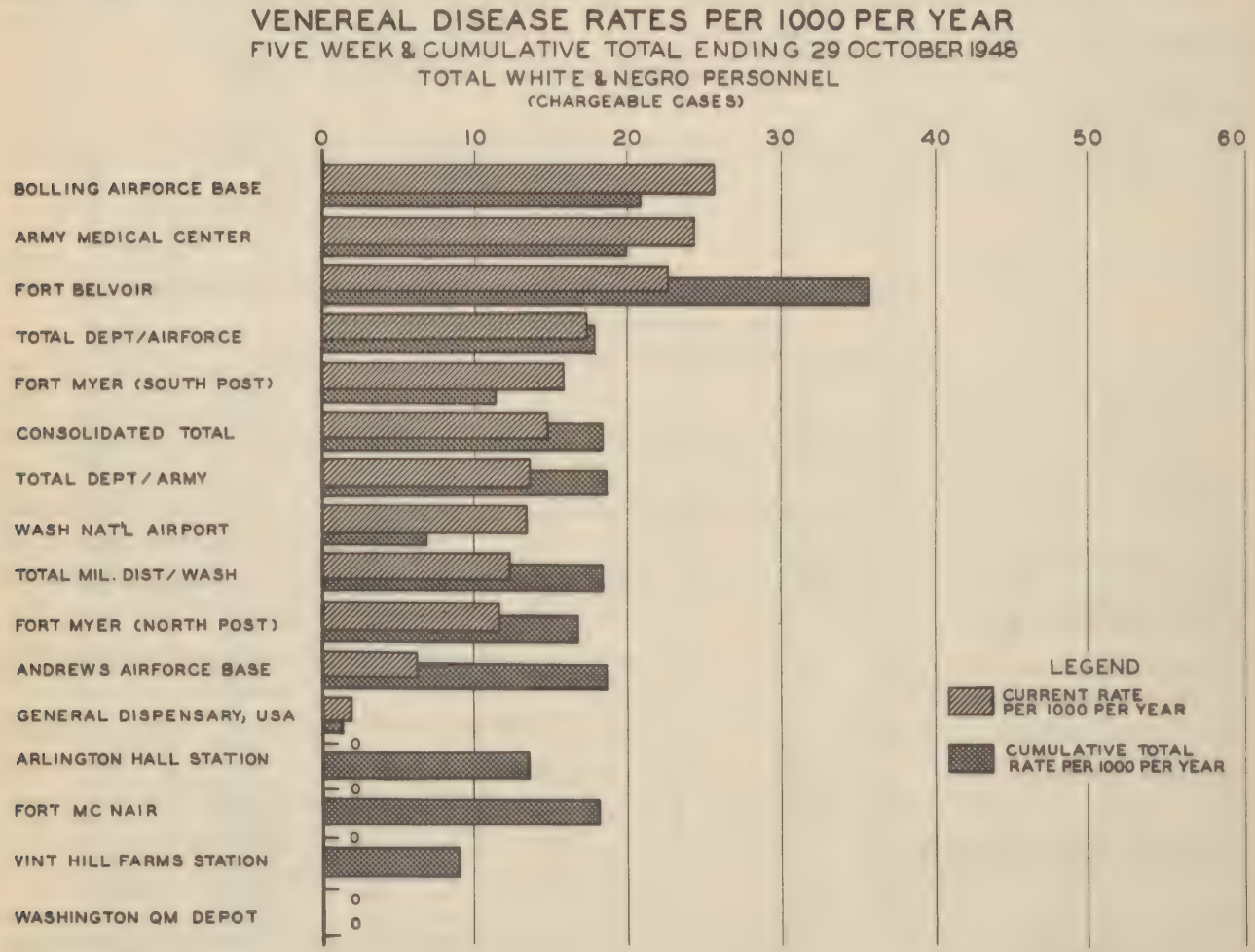
STATION	RACE	Mean Strength	Number of Cases-EPTS Not Included				Rate per 1000 Troops per Annum	Total Days Lost From Duty (Old & New Cases)
			Syphillis	Gonorrhea	Other	Total		
Arlington Hall Station	W	670	0	0	0	0	0	0
	N	0	0	0	0	0	0	0
	T	670	0	0	0	0	0	0
Fort Belvoir	W	6753	0	10	0	10	15.40	7
	N	1023	2	5	0	7	71.16	9
	T	7776	2	15	0	17	22.74	16
Fort McNair	W	741	0	0	0	0	0	0
	N	95	0	0	0	0	0	0
	T	836	0	0	0	0	0	0
Fort Myer (North Post)	W	1629	0	2	0	2	12.77	0
	N	159	0	0	0	0	0	0
	T	1788	0	2	0	2	11.63	0
Fort Myer (South Post)	W	1966	0	3	0	3	15.87	0
	N	0	0	0	0	0	0	0
	T	1966	0	3	0	3	15.87	0
General Dispensary, USA	W	5518	0	1	0	1	1.88	0
	N	29	0	0	0	0	0	0
	T	5547	0	1	0	1	1.87	0
Vint Hill Farms Station	W	852	0	0	0	0	0	0
	N	0	0	0	0	0	0	0
	T	852	0	0	0	0	0	0
Washington QM Depot	W	13	0	0	0	0	0	0
	N	0	0	0	0	0	0	0
	T	13	0	0	0	0	0	0
Total Mil Dist of Wash	W	18142	0	16	0	16	9.17	7
	N	1306	2	5	0	7	55.74	9
	T	19448	2	21	0	23	12.30	16
Army Medical Center	W	2239	0	5	0	5	23.22	563
	N	314	1	0	0	1	33.12	488
	T	2553	1	5	0	6	24.44	1051
Total Dept/Army Units	W	20381	0	21	0	21	10.72	570
	N	1620	3	5	0	8	51.36	497
	T	22001	3	26	0	29	13.71	1067
CLASS III UNITS	W	3237	0	0	0	0	0	20
Andrews Air Force Base	N	103	1	1	0	2	201.94	14
	T	3340	1	1	0	2	6.23	34
Bolling Air Force Base	W	5210	2	10	0	12	23.95	34
	N	30	0	1	0	1	346.67	0
	T	5240	2	11	0	13	25.80	34
Wash Nat'l Airport	W	1582	0	2	0	2	13.15	0
	N	0	0	0	0	0	0	0
	T	1582	0	2	0	2	13.15	0
Total Dept/Air Force Units	W	10029	2	12	0	14	14.52	54
	N	133	1	2	0	3	234.59	14
	T	10162	3	14	0	17	17.40	68
CONSOLIDATED TOTAL	W	30410	2	33	0	35	11.97	624
	N	1753	4	7	0	11	65.26	511
	T	32163	6	40	0	46	14.87	1135

VENEREAL DISEASE RATES FOR THE US *

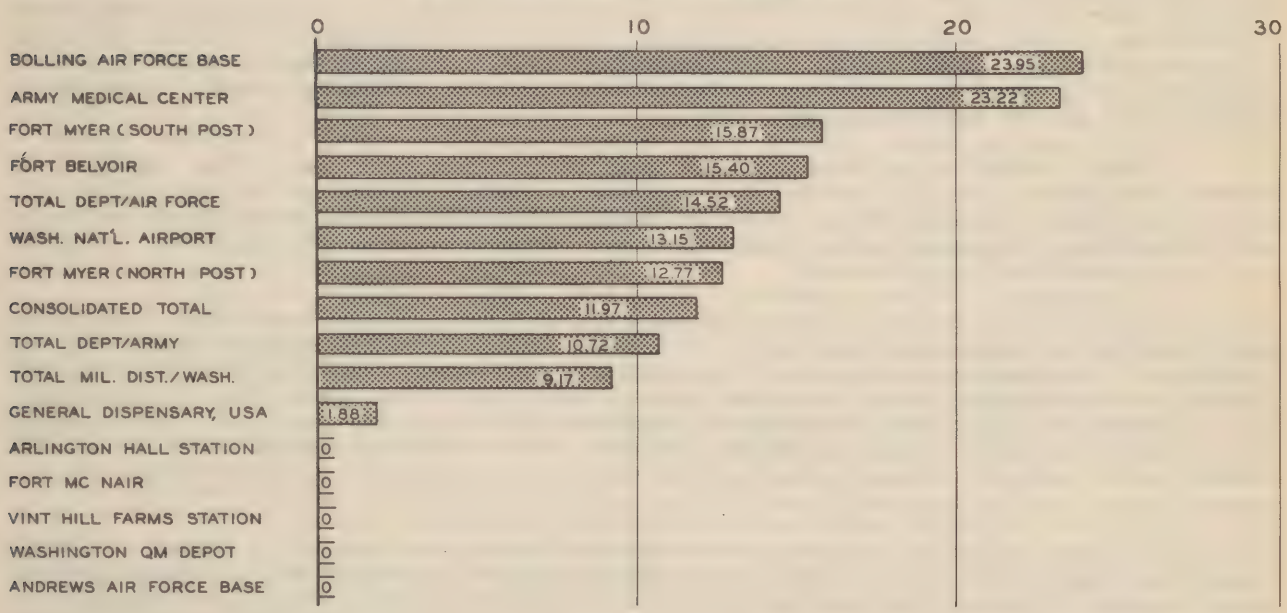
(All Army Troops)

	October 48	September 48
First Army Area	32	28
Second Army Area	27	33
Mil District of Washington	15	20
Third Army Area	35	39
Fourth Army Area	23	33
Fifth Army Area	25	22
Sixth Army Area	29	38
Total United States	28	32

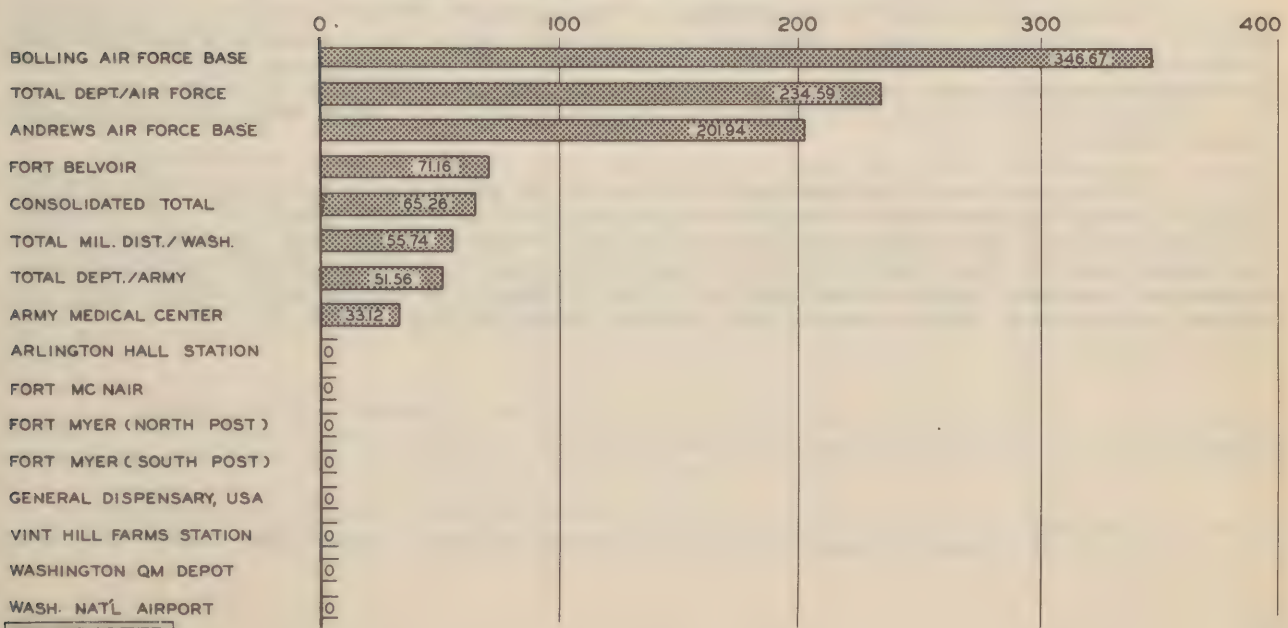
* Compiled in the Office of the Surgeon General and include General Hospitals and Class III installations.



VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR
FIVE WEEK PERIOD ENDING 29 OCTOBER 1948
WHITE PERSONNEL (CHARGEABLE CASES)



VENEREAL DISEASE RATE PER 1000 TROOPS PER YEAR
FIVE WEEK PERIOD ENDING 29 OCTOBER 1948
NEGRO PERSONNEL (CHARGEABLE CASES)



THE ESSENTIALS OF MILITARY PREVENTIVE MEDICINE

In a military force the crowding and the consequent close contact between individuals as well as the primitive environmental conditions under which troops must frequently live while in the field, are all conducive to the spread of epidemic diseases. Prior to the advent of modern preventive medicine, that is, before the beginning of the twentieth century, the concentration of any considerable number of troops, especially recruits, was in most instances accompanied by the occurrence of epidemics. In many campaigns, disease played a major role in deciding the ultimate outcome of the military mission. In all armies the intestinal diseases, such as, typhoid fever and dysentery, raged practically unchecked, and where conditions were favorable, typhus, malaria and other insect borne diseases wrought havoc among the troops.

Today, preventice medicine provides means for the control of many of the diseases that formerly were prone to occur in epidemic form whenever or wherever an army was mobilized. The incidence of intestinal diseases can be reduced to negligable proportions by environmental sanitation and immunization. Vaccination will prevent small pox. Other preventive measures offer effective control for almost all other diseases.

The control of disease in peace time garrisons differs in no essential respect from public health work in a civilian community, except is so far as the problems presented are modified by the character of the population and nature of the military environment. With regard to the spread of disease, the military station in peace time is an inherent part of the surrounding civilian community. Diseases prevailing among the civilian inhabitants of surrounding areas will, unless prevented, spread to the troops of the station and vice versa. This means that the disease situation in a command is important, but cognizance must also be taken of the diseases occurring in nearby civilian communities.

Military preventive medicine is not solely concerned with control of epidemic type diseases. The physical well being of the soldier. the basic unit of any organization, depends not only on his physical fitness and health but also on morale. Elements such as provisions for suitable recreation, improvement in living conditions, or the correction of environmental defects which, though they do not transmit disease, are all closely related to or constitute a phase of military preventive medicine.

The objectives of military preventive medicine, the prevention and control of disease among military personnel and conservation of the physical fitness and health of the troops must be constantly observed if the health of the army is to be kept at a high level.

The Medical Department in all echelons of the military service is charged with the responsibility for initiating and making investigative studies and making timely recommendations pertinent to medical problems of the command, as well as, executing those health measures which require medical technical training, such as, artificial immunization, inspection of food, physical examinations, etc. Recommendations made become the basis for actual initiation of health measures by responsible command elements.

All surgeons should continue their practice of the essentials of military preventive medicine, even though on some occasions there is unintentional or well meant protest to the recommended corrective measures by non-medical personnel. By diligent study of the problems and diplomatic, concise presentation of the recommendations in "layman" language to the non-medical individuals concerned, the long range importance and benefits of the proposed plan can be explained and thus contribute to the overall effectiveness of the organization and the army.

CARDIAC CONSIDERATIONS IN ADVANCED AGE

The five most common types of heart disease are (1) coronary arteriosclerotic heart disease, (2) hypertensive heart disease, (3) rheumatic heart disease, (4) syphlitic heart disease and (5) thyrotoxic heart disease. The physician who develops a special interest in Geriatrics then must concern himself mainly with the first two of these types, for the remaining three usually occur in younger patients.

Coronary arteriosclerosis is not only an important cause of death due to heart disease, but it is a frequent "crippler" of the aged. Coronary sclerosis varies somewhat in its relative incidence in different parts of the world. Whether the variations is due to race, diet, climate, incidence of other types of heart disease, incidence of aged, or to other unappreciated factors is not known.

In New England between 35% and 40% of patients with heart disease suffer from the coronary sclerosis type, 50% of which are complicated by a second type, usually hypertension.

Coronary sclerosis may limit blood supply to the heart muscle by narrowing of the vessels alone, or a thrombus may abruptly shut off the supply by situating itself in the already narrowed vessels. This reduction of blood supply to the heart muscle exerts the deleterious effect of coronary arteriosclerosis and is first manifested by deposition of cholesterol in the vessel's inner lining. Scarring and calcification follow. The brittle areas may later break, giving rise to ulceration where thrombin may form. Thus coronary sclerosis may result in coronary thrombosis with resultant death to the heart muscle in its former area of supply (myocardial infarction).

The cause of the cholesterol formation is not known. The suggestion of local strain is supported by the finding that cholesterol deposition is most common at the bend of the descending branch of the left coronary artery just below its mouth where the head of blood pressure is greatest in striking power. The suggestion is furthered by the fact that coronary sclerosis is more common in hypertensives; the hypertension antedates the arterial sclerosis (P.D. White). Coronary sclerosis is more frequent in patients with diabetes and hypothyroidism than in more normal patients. Both of these diseases may be characterized by elevated blood cholesterol levels. Probably, too, the factor of heredity is supported by the frequent finding of several members of a single family with serious coronary sclerosis. A combination of etiologic factors is possible.

The age of occurrence of coronary disease increases with years. Some degree of sclerosis is frequently found in the left coronary artery in the second decade and in all cases after the fourth decade. Coronary sclerosis is more common in males (3-2) and its sequela, myocardial infarction (4-1). It is also more common in Hebrews, introspective, mentally overworked, psychotic, professional people.

Its important complications include, coronary thrombosis, angina pectoris, congestive heart failure and arrhythmias.

Hypertension caused by renal disease accounts for about 5% of cases of Hypertensive Heart Disease. In the remaining 95% of cases the cause of the hypertension is not known. Hence, it is referred to as essential, or primary. The most accepted theory states that the small arteries (arterioles) throughout the body pass into a state of vasoconstriction, thereby increasing the resistance to the circulation of blood, to which the heart responds, with a resulting rise of arterial blood pressure. At first the hypertension is slight and variable "fluctuating stage", usually however it progresses and becomes "fixed". Eventually prolonged constriction of these small arteries may result in their sclerosis which may be responsible for the blood pressure's "fixation" at a higher level.

Hypertension is commonest in middle age and thereafter, and hypertensive heart disease manifests itself about 10 years after the onset of sustained (fixed) hypertension. 60% of patients with hypertensive heart disease are in the sixth decade.

Hypertension is more common in females (2-1), but hypertensive heart disease is of about equal frequency in both sexes. Therefore hypertension is more lethal in males.

Heredity ranks with age as the greatest of etiologic factors.

Hypertension is less frequent in tropical climates. It is uncommon in the Chinese. It is twice as common in American Negroes as in whites, but is rare in African Negroes.

Obesity is frequently associated with hypertension.

Probably a life of emotional tension favors the development of hypertension. Whether or not such tension causes the kidneys to secrete a substance responsible for the contriction of the small peripheral arteries with resultant increased blood pressure is not known.

As aforementioned hypertension predisposes to coronory artery sclerosis. Hence the cardiac complications are similar.

A diagnosis of these two entitles and their complications is not fraught with any great difficulty in the hands of a competent physician, and annual examinations for their detection should be sufficient to reassure the healthy patient of their absence. Constant concern about their potential development may paradoxically aid in their eventual development.

ANXIETY STATE

The anxiety state is both extremely variable and wide in distribution. In some degree, greater or lesser, it is manifest in practically every patient who presents himself to a physician, whether the complaint be organic or functional. Its symptomatology in severe form includes general nervous irritability (or excitability), dreadful expectation, and fear of the future; in addition physical complaints may include palpitation (sometimes irregularly), sweating, vomiting, diarrhea, suffocative feelings, dizziness, tremulousness, staring eyes, flatulence, frequency of urination, blurring of vision, pains, paraesthesias and hyperventilation. The bodily system most commonly involved is the cardiovascular. Insomnia, headaches, depression, difficulty in concentration are frequently present.

The explanations of the genesis of anxiety states are legion. They include overwork; a mental or physical disturbance from which erroneous conclusions are drawn and auto suggestion of disease with resultant functional derangements (Dejerine); incomplete sexual satisfaction (Frued); and the most likely theory which states that the patient being defeated by personal problems feels unable to tackle other problems in the world outside himself. Thus the fatigue, which is a prominent sympton, results not from physical overwork, but from mental conflicts. The patient then turns from the outside world to a morbid interest in his own bodily functions. There is interest in the regularity of his pulse, the size of his feces, the depth of his respiration, which in health is automatically disregarded. Such sensations then substitute for the attention he should give to his unfaced problems. Thus the complaints which the patient presents are not the real ones but substitutes in the form of normal bodily sensations, of which the patient has become conscious due to his psychologic disorder (Strecker and Ebaugh).

Experimentally if an animal is deliberately angered, definite physiological results occur. Dilated pupils, raising of the blood pressure, increased blood clotting, more rapid respiration, increased blood sugar, minimal gastro-intestinal activity prepares the animal for "fight or flight". In the human the same reflexes can be initiated. If the stimulus is constant, such as an ever-present unsolved problem, the reflexes have no opportunity to quiet down, and remain as long as the stimulus is present. Human beings withstand a single mental shock very well, even if it is severe. It is the long continued mental or emotional strain which will prove symptomatic. Thus chronic anger, shame, resentment, etc., will produce the same results in humans as one can demonstrate in the experimental animal. If these reflexes are established, they may continue even after the original stimulus has disappeared or been forgotten. The patient who secretly carries on an illicit love affair, or who is beset with the haunting fear of financial insecurity, or who fears displacement by a newcomer in a business organization, manifests symptoms which are part of his endeavor to overcome his problem.

The worst thing that can befall the victim is the belief that he can overcome not only his problem but also his symptoms unaided. Trained psychiatric assistance is the best aid in overcoming his condition.

VETERINARY SERVICE TO NAVY BY MDW

The Veterinary Food Inspection Service of MDW provides a Class 3 (Prior to Purchase) inspection of the foods of animal origin purchased by the Department of the Navy within the Washington area. During the month of October, a total of 260,975 pounds of beef, turkey, eggs and milk were inspected by Military District of Washington Veterinary staff for the Navy. These items, with the exception of the eggs, were prepared and subjected to quick freezing for use on transports and at certain overseas bases. The Veterinary Inspection Service of this command supervises the handling, packaging and sanitary procedures carried on during the entire processing period to assure that a safe, wholesome, high quality product is acquired. In October of this year 234,272 pounds of milk were processed and frozen. During the pasteurizing, bottling and freezing periods necessary for this operation, veterinary technicians were present and secured samples of this product at frequent intervals for laboratory analysis and examination. At the laboratory, bacterial counts are made, the sample is tested for the fat content, total solids, etc. Both the liquid form and the frozen products are subjected to these tests to note any changes which might have taken place during the freezing process; products not meeting the required standards are rejected and eliminated from shipment. Veterinary inspectors from time to time have recommended changes in packaging to further aid in providing a safe, clean product during storage and handling up to the time it is consumed.

POUNDS MEAT AND MEAT FOOD AND DAIRY PRODUCTS INSPECTED OCTOBER 1948
(Data obtained from WD AGO Form 8-134)

STATION	CLASS* 3	CLASS* 4	CLASS* 5	CLASS* 6	CLASS* 7	CLASS* 8	CLASS* 9	TOTAL*
Fort Lesley J. McNair		66,958	71,819		138,777	11,690		289,244
Fort Belvoir, Virginia		390,568	167,215		608,781	41,056		1,207,620
Potomac Yards Distribution Point		270,811	137,857	384,375				793,043
Fort Myer, Virginia		162,423	250,969		380,347	7,362		801,101
Mil Dist/Washington Vet Det	292,995							292,995
US Navy	260,975							260,975
US Marines	24,419							24,419
The Pentagon						274,346		274,346
Total	578,389	890,760	627,860	384,375	1,127,905	334,454		3,943,743
Army Medical Center		238,461	59,079		272,683	3,623		573,846
Washington Quartermaster		77,814	71,450		213,843	6,894		370,001
Andrews Air Force Base		66,790	62,022		136,255	13,361		278,428
Bolling Air Force Base		97,666	122,029		213,029	47,558		480,282
Total		480,731	413,580		835,810	71,436		1,702,557
Grand Total	578,389	1,371,491	942,440	384,375	1,963,715	405,890		5,646,300
REJECTIONS:								
Mil Dist/Wash Vet Det Not type, class or grade	51,552							51,552
US Navy Not type, class or grade	46,838							46,838
Fort Lesley J. McNiar Insanitary or Unsound		579						579
TOTAL REJECTIONS	98,390	579						98,969

* Class 3 - Prior to Purchase
Class 4 - On delivery at Purchase
Class 5 - Any Receipt Except Purchase
Class 6 - Prior to Shipment
Class 7 - At Issue or Sale
Class 8 - Purchases by Post Exchanges, Clubs, Messes or Post Restaurants
Class 9 - Storage.

DENTAL SERVICE - MONTH OF OCTOBER 1948

STATION	Officers	Days of Duty	Sittings	Amalgam	Oxy and Amal	Silicate	Inlays	Bridges	Bridge Repair	Crowns	Dentures			Extractions	Calculus Removed	X-Rays	Examinations
											Full	Partial	Repair				
Arlington Hall Station	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fort Belvoir	4	113	824	93	129	63	1	2	6	0	24	20	28	190	96	79	944
Fort McNair	1	31	680	3	115	31	0	0	2	0	0	0	1	59	43	56	538
Fort Myer (North Post)	1	31	883	129	24	23	0	0	1	0	9	10	8	41	29	369	488
Fort Myer (South Post)	1	26	334	55	21	10	0	0	2	0	4	3	1	58	3	72	176
General Dispensary, USA	4	122*	1936	243	65	81	2	0	3	3	19	35	15	136	184	657	481
Vint Hill Farms Station	1	29	321	75	13	14	1	0	1	2	1	5	2	18	0	41	114
Total Mil Dist of Wash	11	352	4978	598	367	222	4	2	15	5	57	73	55	502	355	1274	2260

*Includes total of 2 days working time by 2 part time civilian dentists.

CHRONIC DISCOID LUPUS FRYTHEMATOSUS

On the 16th of August 1948 a male patient age 34 presented himself to the dental clinic at the General Dispensary, The Pentagon for treatment. He complained of sore gums which he believed were large canker sores. Upon examination of the mucous membrane the buccal areas in R4, 5, 6, 7 and L5, 6, 7 showed bluish gray and white irregularly shaped large patches with elevated red margins. One lesion was also present on the skin of his face at the angle of the mandible. This lesion had been painted with a 2% solution of methylene blue but had shown little improvement. He had no systemic symptoms.

As an initial treatment the patient was given a mouth wash composed of 200,000 units penicillin sodium in isotonic peppermint water, to be used every hour and held in the mouth for 5 minutes. With the above treatment the gums were painted with a solution of zinc iodide, iodine crystals in glycerine and water. This was done twice daily, in the mornings and afternoons. The above treatment was continued until the 29th of August, with some improvement at times but no cure.

On the 30th of August, the lesions were walled off with cotton rolls and painted with a 7% solution of chromic acid. This was done twice a day in conjunction with hydrogen peroxide mouth wash which was used 5 times during the day. After 4 days the chromic acid application was replaced by campho phenique which was used for 3 days but no definite improvement was noted under the above treatments.

Believing that the patient may have a non-specific membranous stomatitis, the lesions were painted twice a day with a 2% aqueous solution of methylene blue. This treatment was started on the 8th of September and continued until the 20th of September, gentian violet being used the last 3 days with no improvement.

On the 21st of September the patient was given 300,000 units of penicillin by injection for 3 successive days. Simultaneously, mouth irrigations of mapharsen were given once a day for 5 days.

As no definite improvement was noticed during all the above treatment the patient was sent on 28 September to Walter Reed General Hospital by consultation request. The disease was diagnosed as chronic discoid lupus erythematosus of the mucous membrane of the mouth and the skin of the face and chest. He is now being treated with gold sodium thiosulphate intravenously, injections being given once a week and to continue until 20 injections have been given. The initial dose was 10 mgm in 10 cc of sterile distilled water given at the rate of 1 cc per minute. The dosage will be increased by 10 mgm every 4 weeks until the weekly injections are 30 mgm each. The patient is brushing his teeth once daily with salt water and uses a soft bristle tooth brush.

At the present time the patient has had 6 injections of gold sodium thiosulfate. A definite improvement of the mucous membrane of the mouth is noted but no improvement of the lesions on the skin of the face and chest.

The patient played golf often, so his exposure to sunlight could be a cause of the disease. A mixture of Titanium Dioxide, Iron Oxide and Bentonite (Almay) in glycerin and water as a sun shade is used on sunny days.

In this patient the external lesions are associated with lesions of the mucous membrane which holds true for 25% of all cases. The etiology is not definitely known, although circulatory disturbances and actinic trauma are predisposing factors. Differential diagnosis includes contact dermatitis psoriasis, seborrheic dermatitis, lupos vulgaris and syphilis. Because the disease is chronic, changing in its course with relapses and recurrences, the prognosis with respect to definite cure must be guarded.

(A case report by a Dental Officer of the General Dispensary, USA)

TEMPORARY DENTAL REQUIREMENTS

The following D/A messages are quoted for information:

WCL 31745

"1. Reference paragraphs 5, 33 and 34, AR 40-115 and WCL 29625, dated 30 Sep 48 to ZI Commanders * * * * *.

2. Temporary dental requirements for acceptance for enlistment and induction will be a minimum of four serviceable vital masticating teeth (bicuspids and molars) above and four below, serviceably opposed, and also four serviceable vital incisor teeth (incisors and cuspids) above and four below, serviceably opposed.

3. All applicants for enlistment and all registrants for induction who do not meet the above minimum dental standards will be classified as physically unfit by reason of remediable defect under the provisions of paragraph 5c, AR 40-115 and deferred for military service. Cause of deferrment will be entered in Remarks, paragraph 21, NME Form No. 47, Record of Induction, quoting this message and paragraph 5c, AR 40-115, as authority.

4. The above minimum dental standards will apply only for initial enlistment or induction but will not apply for reenlistment."

Un-numbered (28 Oct 48)

"From AGPP-P

So much of paragraphs seven and eight War Department Circular 202, 1947, pertaining to dental examination, suspended until further notice due to the shortage dental personnel".

ANNUAL REPORT OF MEDICAL DEPARTMENT ACTIVITIES

Letter, dated 18 October 1948, this headquarters, Subject: Annual Medical Department Reports, is published for information of all concerned:

> "1. In order to insure sufficient time for the thorough preparation of the Annual Report of Medical Department Activities (Reports Control Symbol MED-41) for the calendar year of 1948, at all Medical Installations within this command the attention of the officers concerned is directed at this time to the provisions of paragraph 4 AR 40-1005.
>
> 2. The annual report of Medical Department activities will be largely narrative in form, but will include such statistical tables and illustrations as are desirable to support the narrative.
>
> 3. It is desired that the 1948 Annual Report for each Medical Installation in the Military District of Washington will be prepared and submitted so as to reach this headquarters on or before 0800 hours, 1 February 1949."

OUTPATIENT SERVICE

Consolidated statistical data on the outpatient service, Military District of Washington, less Walter Reed General Hospital, and Class III installations for the five week period ending 29 October, 1948, are indicated below:

ARMY:
Number of Outpatients..... 3,553
Number of Treatments.....12,623

NON ARMY:
Number of Outpatients..... 5,085
Number of Treatments.....15,492

NUMBER OF COMPLETE PHYSICAL EXAMINATIONS CONDUCTED..... 1,931

NUMBER OF VACCINATIONS AND IMMUNIZATIONS ADMINISTERED.. 7,324

HOSPITAL MESS ADMINISTRATION
(Data from WD AGO Form 8-210)

STATION	July 48	August 48	September 48	October 48
FORT BELVOIR				
Income per Ration	$ 1.197	$ 1.267	$ 1.275	$ 1.237
Expense per Ration	1.180	1.249	1.265	1.289
Gain or Loss	+ 0.017	+ 0.018	+ 0.010	+ 0.052
FORT MYER				
Income per Ration	1.191	1.213	1.251	1.243
Expense per Ration	1.223	1.101	1.529	1.251
Gain or Loss	- 0.032	+ 0.112	- 0.278	- 0.008

Following is a list of publications which are of particular interest to the Medical Department:

DEPARTMENT OF THE ARMY CIRCULARS

Cir No.	Subject	Date
305	Overseas Movement of Dependents	1 October 48
306	Appointment in the Officer Reserve Corps of Warrant Officers and Enlisted Men of the Army of the United States	5 October 48
310	Army Safety Program	6 October 48
314	Influenza	8 October 48
315	Implementation of Career Guidance Program for Warrant Officers and Enlisted Men	8 October 48
322	Extension of Expiration Date, War Department Circulars 96 and 106	13 October 48
323	Dental Treatment	15 October 48
325	Clinical Records	18 October 48
326	Army Safety Program; Non Commissioned Officers Clubs	19 October 48
327	Army Crafts Contest	20 October 48
328	Army Security Agency Officer Course	20 October 48
334	WD AGO Form 66, True copies	26 October 48
338	Organizations having Interests in Conflict with those of the US	28 October 48
339	Dental Officer Procurement	28 October 48
340	Wearing the Uniform in Communist Sponsored Demonstrations	29 October 48

DEPARTMENT OF THE ARMY MEMORANDA

Memo No.	Subject	Date
40-205-5	Liaison with US Public Health Service	21 October 48
305-15-10	List of Recurring Reports	15 October 48
330-67-1	Machine Records Codes, Organization Master List	28 October 48
600-900-1	Character Guidance Program	7 October 48

MILITARY DISTRICT OF WASHINGTON MEMORANDA

Memo No.	Subject	Date
50	Off Limits Consolidated List	1 October 48
52	Influenza	8 October 48
53	Motor Vehicle Accidents	11 October 48
55	Hospitalization & Evacuation in the Military District of Washington	13 October 48